

Application or Docket Number:

(Column 1)

(Column 2)

JOINT SIZE
FR 1.16(c)

FILE DEPENDENT CLAIM PRESENT (7 OFR 1.1601)

difference in column 1 is less than zero, enter "0" in column 2.

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**OTHER THAN
SMALL ENTITY**

OR**TOTAL**

TOTAL

(Optimum 1)

(Column 2)

(Colarun 8)

Minimum Size Fee (\$7 OFF 1.16(0))

PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST. OFFR. 1.107)

OR

**OTHER THAN
SMALL ENTITY**

OR

**TO
AD**

**TO
AD**

(Column 1)

(Column 2

(Column 8)

Union Size Fee (37 CFR 1.16(b))

PRESENTATION OF MULTIPLE DEPENDENT CLAIM (BY OFR 1.16)

1

ADDITIONAL
FEE (\$)

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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

Best Number Previously Paid For IN THIS SPACE is less than 20, enter "20".
Best Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

If information is required by 37 CFR 1.16, The information is required to obtain or retain a benefit in an application. Confidentiality is covered by 35 USC 402.

ing, preparing, and submitting the completed application form to the USPTO. This collection is estimated to take 12 minutes to complete. Time will vary depending upon the individual case. Any comments

DO NOT SEND FEES OR COMPLETED FORMS TO THIS OFFICE. Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.